

**CALFRESH REQUEST FOR POLICY INTERPRETATION****PI# 17-86**

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-PI@dss.ca.gov.

**Please note:** the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Other:		5. DATE OF REQUEST: 10/19/2017	NEED RESPONSE BY: 10/31/2017
2. REQUESTOR NAME:		6. COUNTY/ORGANIZATION: Shasta County Health and Human Services	
3. PHONE NO.: EMAIL:		7. SUBJECT: SMD - change in deductions mid-period	
4. REGULATION CITE(S):		8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). ACL 17-35	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			

Client is receiving a medical deduction for paying their Medicare Part B premium, this is the client's only verified medical expense. At implementation of the Standard Medical Deduction, it is determined the client is no longer paying the Medicare Part B premium, it is being paid by the State.

1. Would we decrease CalFresh benefits mid-period as the client no longer has a verifiable medical expense and is no longer eligible for the Standard Medical Deduction with 10 day notice?
2. Would we allow the expense for the rest of the reporting/certification period if the client provides verification of an allowable medical expense over \$35.01?

10. REQUESTOR'S PROPOSED ANSWER: We would decrease the CalFresh benefits mid-period, the client does not have a verifiable medical expense and is no longer eligible to the Standard Medical Deduction. CalFresh benefits will not be decreased if the client provides verification of medical expense(s) that makes them eligible to the Standard Medical Deduction.
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11. STATE POLICY RESPONSE (CFPB USE ONLY): To be eligible for the Standard Medical Deduction (SMD), households must verify that they incur more than \$35.00 a month in qualifying medical expenses. In this particular scenario, the client no longer has a verifiable medical expense when SMD implementation is being effective and therefore this will result in decrease in client's benefits. Yes, we allow the expense for the rest of the reporting/certification period if the client provides verification of an allowable medical expense over \$35.01.
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**FOR CDSS USE**

DATE RECEIVED: 10/25/2017	DATE RESPONDED TO COUNTY/ALJ: 11/01/2017
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